

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
10/668075
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	21					
TOTAL CLAIMS	24					

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54	1		
55			
56			
57			
58			
59			
60	1		
61			
62			
63			
64			
65	1		
66			
67			
68			
69			
70			
71			
72			
73			
74			
75	1		
76			
77			
78			
79			
80			
81	1		
82			
83			
84			
85			
86	1		
87	1		
88			
89			
90			
91			
92			
93	2		
94	①		
95	④		
96	④		
97			
98			
99			
100			
TOTAL IND.	7		
TOTAL DEP.	45		
TOTAL CLAIMS	52		

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10 / 668075	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	1					
103	1					
108	1					
104	1					
105	1					
106	1					
107	1					
108	1					
109	1					
110	11					
111	11					
112	6					
113	6					
114	6					
116	6					
116	5					
117	5					
118	4					
119	4					
120	1					
121	2					
122	①					
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
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40						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.	77					
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*
51			52			
53			54			
55			56			
57			58			
59			60			
61			62			
63			64			
65			66			
67			68			
69			70			
71			72			
73			74			
75			76			
77			78			
79			80			
81			82			
83			84			
85			86			
87			88			
89			90			
91			92			
93			94			
95			96			
97			98			
99			100			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						